EXHIBIT 45

Part I

Only 1 active match was found to your search. You can Search Deeper.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Tasks

Overdue Tasks: 0 View
Today's Tasks: 0 View
Upcoming Tasks: 0 View

Intake Forms **Date Saved** 0. Influenza and Infection Control Surveillance (Updated 10-17-14) 06/04/2018 1516 View 0. Rapid Receiving/Health Assessment Form Begin 1. Vital Signs / PPD / RPR 06/06/2018 0806 View 2. Intake Suicide Screening 06/04/2018 1518 View 3. Receiving Screening (Updated Apr 2013) 06/04/2018 1527 View 4. Clearance for Work / Activities Begin 5. Physical Form - 14 Day 06/05/2018 0914 View 6. Medication Verification Form - Medical 06/04/2018 1529 View 6b. Medication Verification Form - Mental Health 06/04/2018 1529 View 7a. Mental Health Screen for Men 06/04/2018 1519 View 7b. Mental Health Screen for Women Begin

Date Patient Medical History

Date	Patient Medical history	
11/27/2018	Document Stored: Quick Archive document	
08/27/2018	Note: Per OMS patient released from system 8/25/18 @ 1435	
08/25/2018	Document Stored: Quick Archive document	
Viewing 1-20 of 1 2 3	130 History Items	
5 6 7		EXHIBIT
Next >		D 22
		P-23

Date	Patient Medical History
08/25/2018	Note: Correction to Emergency Flowsheet: EMS arrived at approx 1115. Per Sgt Rup
08/25/2018	Completed Form: Emergency Flow Sheet by Samantha Grous
08/23/2018	Sick Call: with Christina Penge, LPC
08/23/2018	Task: 1 week LV3 FU: Court Tomorrow for Sentencing, Review (Completed)
08/22/2018	Sick Call: with Jessica Mahoney, Psy.D.
08/20/2018	Task: 1/3 LV3 FU (Completed)
08/17/2018	Sick Call: with Christina Penge, LPC
08/17/2018	Task: LV3 (Completed)
08/15/2018	Sick Call: with Stephan Brautigam, PMHNP
08/15/2018	Prescription: ESCITALOPRAM OXALATE 20MG QD Brautigam, PMHNP, Stephan
08/15/2018	Prescription: BUSPIRONE HCL 10MG BID Brautigam, PMHNP, Stephan
08/15/2018	Task: LV3 (Completed)
08/14/2018	Sick Call: with Christina Penge, LPC
08/14/2018	Task: MH FU: see pt before trial (Completed)
08/13/2018	Task: LV3 (Completed)
08/10/2018	Sick Call: with Christina Penge, LPC
08/10/2018	Task: LV3 (Completed)
Viewing 1-20 of	130 History Items
1	
2	
4	
5	
5 6	~
7	
Next >	

Only 1 active match was found to your search. You can ▶ Search Deeper.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 72 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Curre	ent Problems			Launch PCM Portal
	Problem	Onset Date	Open Date	
1	PSYCHOLOGICAL / MENTAL HEALTH	N/A	07/31/2018	
2	CARDIAC	N/A	06/04/2018	
3	Suicidal (Full)	N/A	06/04/2018	

Tasks

Overdue Tasks: 0 View
Today's Tasks: 0 View
Upcoming Tasks: 0 View

Intake Forms		
Form	Date Saved	
0. Influenza and Infection Control Surveillance (Updated 10-17-14	4) 06/04/2018 1516	View
Rapid Receiving/Health Assessment Form	-	Begin
1. Vital Signs / PPD / RPR	06/06/2018 0806	View
2. Intake Suicide Screening	06/04/2018 1518	View
3. Receiving Screening (Updated Apr 2013)	06/04/2018 1527	View
4. Clearance for Work / Activities	-	Begin
5. Physical Form - 14 Day	06/05/2018 0914	View
6. Medication Verification Form - Medical	06/04/2018 1529	View
6b. Medication Verification Form - Mental Health	06/04/2018 1529	View
7a. Mental Health Screen for Men	06/04/2018 1519	View
7b. Mental Health Screen for Women	-	Begin

Date	Patient Medical History
08/09/2018	Task: 8 week f/u (Completed)
08/08/2018	Sick Call: with Jessica Mahoney, Psy.D.
08/08/2018	Task: LV3 (Completed)
Viewing 21-40 < Previous 1 2 3 4 5 6	of 130 History Items
Next >	

Date	Patient Medical History
08/06/2018	Sick Call: with Christina Penge, LPC
08/06/2018	Task: LV3 (Completed)
08/05/2018	Task: Review BP (Completed)
08/04/2018	Pulse: 90 BP: 124/88 Resp: 18 Temp: 97.7
08/04/2018	Task: BP checks (Completed)
08/03/2018	Sick Call: with Avia James, LPC
08/03/2018	Task: LV3 (Completed)
08/01/2018	Sick Call: with Avia James, LPC
08/01/2018	Task: LV3 (Completed)
07/31/2018	Alert: Psych Observation q 30min - Level 3
07/31/2018	Completed Form: Mental Status Exam-OLD by Avia James, LPC
07/31/2018	Sick Call: with Avia James, LPC
07/31/2018	Task: Please check in today (7/31) at request of Deputy Warden Mitchell. Thanks! (Completed)
07/30/2018	Task: CCC Cardiac completed (Completed)
07/27/2018	Task: CCC HTN; Psych (Depression, Anxiety). elderly seen 7/5 and rewch 10/2 (Completed)
07/10/2018	Document Stored: General Patient Chart Lab/X-Rays
07/08/2018	Task: EKG (Completed)
Viewing 21-40 < Previous 1	of 130 History Items
2	
3 4 5 6	
l'	
Next >	

Only 1 active match was found to your search. You can ▶ Search Deeper.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Curr	ent Problems			Launch PCM Portal
	Problem	Onset Date	Open Date	
1	PSYCHOLOGICAL / MENTAL HEALTH	N/A	07/31/2018	
2	CARDIAC	N/A	06/04/2018	
3	Suicidal (Full)	N/A	06/04/2018	

Tasks

Overdue Tasks: 0 View
Today's Tasks: 0 View
Upcoming Tasks: 0 View

Intake Forms		
Form	Date Saved	
Influenza and Infection Control Surveillance (Updated 10)	0-17-14) 06/04/2018 1516 Vi	iew
0. Rapid Receiving/Health Assessment Form	- Be	egin
1. Vital Signs / PPD / RPR	06/06/2018 0806 Vi	iew
2. Intake Suicide Screening	06/04/2018 1518 Vi	iew
3. Receiving Screening (Updated Apr 2013)	06/04/2018 1527 Vi	iew
4. Clearance for Work / Activities	- Be	egin
5. Physical Form - 14 Day	06/05/2018 0914 Vi	iew
6. Medication Verification Form - Medical	06/04/2018 1529 Vi	iew
6b. Medication Verification Form - Mental Health	06/04/2018 1529 Vi	iew
7a. Mental Health Screen for Men	06/04/2018 1519 Vi	iew
7b. Mental Health Screen for Women	- Be	egin

Date	Patient Medical History
07/06/2018	Task: Signoff (Completed)
07/06/2018	Task: CCC Cardiac completed (Rescheduled)
07/05/2018	Pulse: 70 BP: 120/80 Resp: 14 Temp: 98.0 Weight: 216
Previous 1 2 3 4 5 6 7	of 130 History Items
Next >	

https://bucks.pcmemr.com/Modules/Chart/summary.php?pid=22811&forwarded=1&term=... 1/20/2020

JA0000409

Date	Patient Medical History
07/05/2018	Completed Form: CCC - Cardiac (2018) by Molly Longacre, PA
07/05/2018	Sick Call: with Molly Longacre, PA
07/05/2018	Prescription: LISINOPRIL 10MG QD Gessner, MD, Victoria
07/05/2018	Prescription: ASPIR-LOW 81MG EC QD Gessner, MD, Victoria
07/05/2018	Prescription: DAILY VITES QD Gessner, MD, Victoria
07/05/2018	Task: CCC = HTN; Psych (Depression, Anxiety). Labs 6/27/18: CMP, FLP, CBC TSH wnl. (Completed)
07/05/2018	Task: renew meds until next visit and make sure diagnosis is on master problem list (Completed)
07/03/2018	Document Stored: General Patient Chart Release of Information
07/03/2018	Document Stored: General Patient Chart Outside Records
06/29/2018	Document Stored: General Patient Chart Lab/X-Rays
06/29/2018	Task: Seen 6/5, sch HTN ccc 7/5. (Completed)
06/28/2018	Sick Call: with Avia James, LPC
06/28/2018	Task: 2 WK MH FU (Completed)
06/27/2018	Task: Megan Hughes, PA has requested the following labs for this patient: 7702-4 : Co (Completed)
06/15/2018	Sick Call: with Jessica Mahoney, Psy.D.
06/15/2018	Task: 1 WK PO3 FU (Completed)
06/14/2018	Sick Call: with Stephan Brautigam, PMHNP
Viewing 41-60 < Previous 1	of 130 History Items
3	
2 3 4 5 6	
7	
Next >	

Only 1 active match was found to your search. You can ▶ Search Deeper.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMĂ

	Current Problems			Launch PCM Portal
	Problem	Onset Date	Open Date	
1	PSYCHOLOGICAL / MENTAL HEALTH	N/A	07/31/2018	
2	CARDIAC	N/A	06/04/2018	
3	Suicidal (Full)	N/A	06/04/2018	

Tasks Overdue Tasks: 0 View Today's Tasks: 0 View Upcoming Tasks: 0 View

Intake Forms			
Form	Date Saved		
		2.16	
Influenza and Infection Control Surveillance (Updated	10-17-14) 06/04/2018 1516	o view	
Rapid Receiving/Health Assessment Form	-	Begin	
1. Vital Signs / PPD / RPR	06/06/2018 0806	6 View	
2. Intake Suicide Screening	06/04/2018 1518	3 View	
3. Receiving Screening (Updated Apr 2013)	06/04/2018 1527	7 View	
Clearance for Work / Activities	-	Begin	
5. Physical Form - 14 Day	06/05/2018 0914	l View	
6. Medication Verification Form - Medical	06/04/2018 1529	9 View	
6b. Medication Verification Form - Mental Health	06/04/2018 1529	9 View	
7a. Mental Health Screen for Men	06/04/2018 1519	9 View	
7b. Mental Health Screen for Women	-	Begin	

Date	Patient Medical History
06/14/2018	Document Stored: ROI
06/14/2018	Sick Call: with Avia James, LPC
06/14/2018	Prescription: ESCITALOPRAM OXALATE 20MG QD Brautigam, PMHNP, Stephan
Viewing 61-80 < Previous 1 2 3 4 5 6	of 130 History Items
Next >	

Date	Patient Medical History					
06/14/2018	Prescription: BUSPIRONE HCL 10MG BID Brautigam, PMHNP, Stephan					
06/14/2018	Task: Pt. reported that he is on medications for depression. He reported sadness, poor (Completed)					
06/13/2018	Document Stored: General Patient Chart Lab/X-Rays					
06/13/2018	Document Stored: General Patient Chart EKG					
06/13/2018	Task: Pt. is requesting therapy Chrissy (Completed)					
06/11/2018	Sick Call: with Christina Penge, LPC					
06/11/2018	Task: 1/3 DAY PO3 FU (Completed)					
06/10/2018	Task: Perform 14-Day Physical, RPR, and HIV test. If less than 35 years old, perform G (Completed)					
06/09/2018	Pulse: 86 BP: 147/72 Resp: 16 Temp: 98.5					
06/09/2018	Task: Blood Pressure Checks (Completed)					
06/09/2018	Task: Baseline EKG (Completed)					
06/08/2018	Sick Call: with Avia James, LPC					
06/08/2018	Document Stored: Officers Acute Watch Forms					
06/08/2018	Task: PO3 - Attempted to see Pt. on 6/8 but he was temp out (Completed)					
06/07/2018	Note: Intake review completed, pt. denies any allergies. Pt. reports a hx of HTN and d					
06/07/2018	Task: Blood Pressure Checks (Refused)					
06/06/2018	Document Stored: Green Slip					
	of 130 History Items					
< Previous						
2						
3						
4	*					
5						
6						
Next >						

Only 1 active match was found to your search. You can ▶ Search Deeper.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Summary

Current Problems				
	Problem	Onset Date	Open Date	
1	PSYCHOLOGICAL / MENTAL HEALTH	N/A	07/31/2018	
2	CARDIAC	N/A	06/04/2018	
3	Suicidal (Full)	N/A	06/04/2018	

Tasks

Overdue Tasks: 0 View
Today's Tasks: 0 View
Upcoming Tasks: 0 View

Intake Forms Form **Date Saved** 0. Influenza and Infection Control Surveillance (Updated 10-17-14) 06/04/2018 1516 View 0. Rapid Receiving/Health Assessment Form Begin 1. Vital Signs / PPD / RPR 06/06/2018 0806 View 2. Intake Suicide Screening 06/04/2018 1518 View 3. Receiving Screening (Updated Apr 2013) 06/04/2018 1527 View 4. Clearance for Work / Activities Begin 5. Physical Form - 14 Day 06/05/2018 0914 View 6. Medication Verification Form - Medical 06/04/2018 1529 View 6b. Medication Verification Form - Mental Health 06/04/2018 1529 View 7a. Mental Health Screen for Men 06/04/2018 1519 View 7b. Mental Health Screen for Women

 Date
 Patient Medical History

 06/06/2018
 Alert: Psych Observation q 30min - Level 3

 06/06/2018
 Completed Form: Suicide Risk Assessment-OLD by Avia James, LPC

 06/06/2018
 Sick Call: with Avia James, LPC

 Viewing 81-100 of 130 History Items

 Previous

 1

 2

 3

 4

 5

 6

 7

 Next >

Date	Patient Medical History			
06/06/2018	Pulse: 90 BP: 146/88			
06/06/2018	Task: Blood Pressure Checks (Completed)			
06/06/2018	Task: Read PPD (Completed)			
06/06/2018	Task: LOCKED MH LV2 - obtain informed consent and ROI (Completed)			
06/06/2018	Task: sign off (Completed)			
06/06/2018	Task: Review Intake forms (Completed)			
06/05/2018	Alert: MHSR-C			
06/05/2018	Completed Form: Suicide Risk Assessment-OLD by Jessica Mahoney, Psy.D.			
06/05/2018	Completed Form: Mental Health Intake - ver. 1.0-OLD by Jessica Mahoney, Psy.D.			
06/05/2018	Sick Call: with Jessica Mahoney, Psy.D.			
06/05/2018	Pulse: 94 BP: 144/84 Resp: 16 Temp: 98.0 Weight: 221			
06/05/2018	Completed Form: 5. Physical Form - 14 Day by Megan Hughes, PA			
06/05/2018	Sick Call: with Megan Hughes, PA			
06/05/2018	Completed Form: Telephone / Verbal Order Form (Medical) by Natasha Spier, LPN			
06/05/2018	Prescription: LISINOPRIL 10MG QD Gessner, MD, Victoria			
06/05/2018	Prescription: LISINOPRIL 10MG QD Gessner, MD, Victoria			
06/05/2018	Prescription: ASPIR-LOW 81MG EC QD Gessner, MD, Victoria			
Viewing 81-100 of 130 History Items < Previous 1 2 3 4 5 6 7 Next >				

Only 1 active match was found to your search. You can ▶ Search Deeper.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:

NKMA

Summary	у			
Curre	ent Problems			Launch PCM Portal
			,	
	Problem	Onset Date	Open Date	
1	PSYCHOLOGICAL / MENTAL HEALTH	N/A	07/31/2018	
2 (CARDIAC	N/A	06/04/2018	

3 N/A 06/04/2018

Tasks

Overdue Tasks: 0 View Today's Tasks: 0 View Upcoming Tasks: 0 View

Intake Forms Form **Date Saved** 0. Influenza and Infection Control Surveillance (Updated 10-17-14) 06/04/2018 1516 View 0. Rapid Receiving/Health Assessment Form Begin 1. Vital Signs / PPD / RPR 06/06/2018 0806 View 2. Intake Suicide Screening 06/04/2018 1518 View 3. Receiving Screening (Updated Apr 2013) 06/04/2018 1527 View 4. Clearance for Work / Activities Begin 5. Physical Form - 14 Day 06/05/2018 0914 View 6. Medication Verification Form - Medical 06/04/2018 1529 View 6b. Medication Verification Form - Mental Health 06/04/2018 1529 View 7a. Mental Health Screen for Men 06/04/2018 1519 View 7b. Mental Health Screen for Women

Date Patient Medical History

06/05/2018 | Task: New Incarceration: MHSR - C (Completed)

06/05/2018 | Task: Patient reports on intake under current care of a psychiatrist (Completed)

06/05/2018 | Task: New Intake: Patient requested to see Mental Health (Completed)

Viewing 101-120 of 130 History Items

< Previous

1
2
3
4
5
6
7
Next >

Date	Patient Medical History				
06/05/2018	Task: New Intake: Chronic Care and 14-Day PE / HTN. Rx Lisinopril. No substance abuse (Completed)				
06/05/2018	Task: LOCKED MH LV2 (Completed)				
06/05/2018	Task: Review Intake forms (Rescheduled)				
06/04/2018	Note: New intake. Patient has had multiple Suicide Attempts. Most recent 9/2017. Patie				
06/04/2018	Completed Form: 6b. Medication Verification Form - Mental Health by Jennifer Sariego, RN				
06/04/2018	Completed Form: 6. Medication Verification Form - Medical by Jennifer Sariego, RN				
06/04/2018	Pulse: 73 BP: 148/98 Resp: 16 Temp: 98.2 Weight: 222				
06/04/2018	Completed Form: 1. Vital Signs / PPD / RPR by Jennifer Sariego, RN				
06/04/2018	Completed Form: 3. Receiving Screening (Updated Apr 2013) by Jennifer Sariego, RN				
06/04/2018	Completed Form: 7a. Mental Health Screen for Men by Jennifer Sariego, RN				
06/04/2018	Completed Form: 2. Intake Suicide Screening by Jennifer Sariego, RN				
06/04/2018	Completed Form: 0. Influenza and Infection Control Surveillance (Updated 10-17-14) by Jennifer Sariego, RN				
06/04/2018	Document Stored: Intake Forms document (Booking No. 2018003096)				
06/04/2018	Alert: Suicide Watch (Risk) - Level 2				
06/04/2018	Alert: Low Tier				
06/04/2018	Alert: Low Bunk				
06/04/2018	Document Stored: Quick Archive document				
Viewing 101-120 of 130 History Items < Previous 1 2					
3 4 5 6 7					
Next >					

Page 1 of 2

DEATHPatient died on: Aug 25, 2018

Only 1 active match was found to your search. You can ▶ Search Deeper.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:

NKMA

_	umma Curre	ent Problems			Launch PCM Portal
		Problem	Onset Date	Open Date	
	1	PSYCHOLOGICAL / MENTAL HEALTH	N/A	07/31/2018	
1	2	CARDIAC	N/A	06/04/2018	
1	3	Suicidal (Full)	N/A	06/04/2018	

Tasks

Overdue Tasks: 0 View
Today's Tasks: 0 View
Upcoming Tasks: 0 View

Intake Forms			
Form	Date Sa	aved	
0. Influenza and Infection Control Surveillance (Updated 10)-17-14) 06/04 / 201	8 1516 View	
Rapid Receiving/Health Assessment Form	-	Begin	
1. Vital Signs / PPD / RPR	06/06/201	8 0806 View	
2. Intake Suicide Screening	06/04/201	8 1518 View	
3. Receiving Screening (Updated Apr 2013)	06/04/201	8 1527 View	
4. Clearance for Work / Activities	-	Begin	
5. Physical Form - 14 Day	06/05/201	8 0914 View	
6. Medication Verification Form - Medical	06/04/201	8 1529 View	
6b. Medication Verification Form - Mental Health	06/04/201	8 1529 View	
7a. Mental Health Screen for Men	06/04/201	8 1519 View	
7b. Mental Health Screen for Women	-	Begin	

Date	Patient Medical History
06/04/2018	Booking: #2018003096
06/04/2018	Prescription: ESCITALOPRAM OXALATE 20MG QD Brautigam, PMHNP, Stephan
06/04/2018	Task: Suicide Screening indicated a high risk of suicide (score of 12). (Completed)
Viewing 121-130 of 130 History Items < Previous 1 2 3 4 5 6 6 7	

Date	Patient Medical History					
06/04/2018	Task: Needs intake-Reports current psychotropic medications (Completed)					
06/04/2018	Task: Verify medications (Completed)					
06/04/2018	Task: New Admission - recent victim of sexual or violent crime (Completed)					
06/04/2018	Task: Previous suicide attempt (Completed)					
06/04/2018	Task: Medications Verified (Completed)					
06/04/2018	Task: MH Meds Verified (Completed)					
06/04/2018	Task: Review Intake forms (Rescheduled)					
Viewing 121-130	of 130 History Items					
< Previous						
1						
2						
3						
4						
5						
6						
/						

125635

△0.	JMS ID:
Influenza	DOB: Age:
and	Agency:
Infection	
Control	
Surveillance	
(Updated 10-	
17-14)	

CHARLES JOSEPH **FREITAG** #2018003096

Location: Ethnicity: DOB: 08/31/1960 RN Sariego, RN, Jennifer (06/04/2018 1516) Interviewer: Age: 59 Agency: county

[OUT]

This form is designed to screen patients for influenza-like and other infectious disease related illnesses. If influenza or other infectious disease illnesses has been identified within the facility then screening should occur at triage/sick-call and prior to all transfers/transports.

Su	Subjective/Objective						
1,	Temperature: (current Temp) If elevated (greater 100F) place mask on patient immediately		98.2				
Г	Date of Onset:						
2.	Do you have any of the following symptoms?		Cough Chest Pain Diarrhea Sore Throat Nausea Body Aches Vomiting Head Aches Unexplained brusing or bleeding None of the Above				
	In the last 2-21 days, have you had close contact with anyone with flu like symptoms (fever, cough, sore throat, vomiting, diarrhea, etc.)? If YES, please describe.	© •	Yes No				
	In the last thirty days have you or any of your close contacts returned from foreign travel? If Yes, please indicate location. (If patient traveled to or from affected areas of EBV facility Medical Director and Vice President of Operations must be contacted prior to patient leaving intake area)	© •	Yes (Describe) No				
4.	Level of Awareness:		Alert Confused Lethargic				
	Oriented To:		Person Place Time				

https://bucks.pcmemr.com/Modules/Forms/form_record.php?form_record_id=312246

As	sessment			
3	Does patient meet criteria for influenza-like illness (ILI) or other exposure to viral illnesses. ILI is defined as: temperature greater than 100 degress F (37.8 degrees C) and presence of cough or sore throat.	○	Yes No	
	Is patient asymptomatic with history of close contact with someone with ILI or other viral illnesses?	<u>୍</u>	Yes No	
	Is there an absence of symptoms?	o	Yes No	
	If other, Please describe:	Asy	mptomatic	
Pla	an			
	Does patient require influenza/other - related restrictions?	<u></u>	Yes No	
	If clinical criteria for ILI met:		Provide inmate with face mask Transport inmate to Isolation Unit (Per Facility Policy) Educate Inmate about Use of Mask, Disposal of mask, Cover cough/sneezes, Handwashing Initiate task for temperature checks twice daily Provider Contacted for orders	
	If history of recent ILI exposure:		Quarantine in Quarantine Unit	
	Date, Tirne, and Nurse's Signature:	JS,	RN	06/04/2018 1516
	Institution:	ВС	CF	

△1. Vital Signs / PPD / RPR

JMS ID: DOB: Age: Agency: 125635 08/31/1960 59

county

Location: [OUT] Ethnicity: -

Interviewers: RN Sariego, RN, Jennifer (06/04/2018 1528) Smith, LPN, Kyrie (06/06/2018 0806)

CHARLES JOSEPH FREITAG #2018003096

Vital Signs			
	Blood Pressure	148 sys 98 dia	
	Pulse	73 beats per min	
	Respirations	16 breaths per min	
	Temperature	98.2 °F	
	Weight	222 lbs	
	Height	6ft 0in 🗸	
	SPO2	BMI: 98.0 %	
Accu Check:	V		
Greater than 125 place on provider line unless they are a known diabetic	119		
Fasting (Can be non-fasting)	Yes		
	O No		
TUBERCULOSIS TESTING	T@ V		
Previous Testing (If yes, results in mm)	YesNo		
Past Positives Date			
Past Positives Location (Past positives MUST be	-		
verified)			
Were you born in the United States? If no, please	Yes		
indicate Country of Origin	◯ No		
1. Date PPD Planted			06/04/2018 1527
	LFA		
Location	O RFA		
Nurses Initials	JS, RN		
2. Date Read			06/06/2018 0806
Nurses Initials	KS, LPN		
Reactions	✓ Negative		
	☑ 0 mm		
	1 mm		
	2 mm		
	3 mm		
	4 mm		
	5 mm		

https://bucks.pcmemr.com/Modules/Forms/form_record.php?form_record_id=312252

6 mm	1 1
7 mm	
8 mm	
9 mm	
10 mm	
[] 11 mm	
12 mm	
Second Se	
13 mm	
14 mm	
15 mm	
16 mm	
17 mm	
18 mm	
19 mm	
20 mm	
20 mm+	
Yes	
Was the patient notified of PPD results?	
If reaction is greater than 10 mm schedule for chest x-ray and create a task to see the provider.	
CXR Date	
Results of CXR	**
IMMUNIZATIONS / MANDATORY LAB TESTS	
VDRL (RPR) Test Date	
Positive	
FEMALE ONLY: Pregnancy Test Results Negative	
◎ N/A	
○ Yes	
Was the patient informed of pregnancy results?	n/a
© Yes	Urine
CDD Testing Completed No	collected Blood
	refused
○ Yes	
HIV Testing Performed No	

2. IntakeSuicideScreening

JMS ID: DOB: Age: Agency:

125635 Location: 08/31/1960 Ethnicity: 59 Interviewer: [OUT]

RN Sariego, RN, Jennifer (06/04/2018 1518)

CHARLES JOSEPH FREITAG #2018003096

	Problems recorded during prior incarcerations:	N/A	<u> </u>					
If the patient scores 8 or more, a Suicide Watch will be initiated. Red "Yes" choices are worth 8 points each and orange "Yes" choices are worth 1 point each.								
OBS	OBSERVATION OF TRANSPORTING OFFICER							
1.	Arresting or transporting officer believes that patient may be a suicide risk	() ()	Yes (8 points) No					
PEF	SONAL DATA	_						
2.	Patient lacks close family or friends in the community (no family or friends).	(a)	Yes (1 point) No					
3.	Patient has experienced a significant loss within the last six months. (e.g. loss of job, loss of relationship. Death of close family member).	() ()	Yes (1 point) No					
4.	Patient is very worried about major problems other than legal situation. (e.g. financial or family problems, a medical condition, fear of losing job)	() ()	Yes (1 point) No					
	Patient's family or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.	•	Yes (1 point) No					
6.	Patient has mental health treatment history. (Note current psychotropic medication and name of most recent treatment agency).	<!--</td--><td>Yes (1 point) No</td><td>Depression and multiple suicide attempts</td>	Yes (1 point) No	Depression and multiple suicide attempts				
7.	Patient has history of drug or alcohol abuse.	_	Yes (1 point) No					
8.	Patient expresses extreme embarrassment, shame, or feeling of humiliation as result of charge or incarceration (consider position in community and/or shocking nature of crime)	<!--</td--><td>Yes (8 points) No</td><td></td>	Yes (8 points) No					
9.	Patient is thinking about killing him/herself.	•	Yes (8 points) No					
10.	Patient has attempted suicide previously. (Check wrists and note method.)	_	Yes (1 point) No	Patient has multiple scars on his LFA from prior suicide attempts				
11.	Suicide attempt occurred within the last month.	•	Yes (8 points) No					
12.	Patient feels that there is nothing to look forward to in the future. (feelings of hopelessness or helplessness)	0	Yes (8 points)					

https://bucks.pcmemr.com/Modules/Forms/form_record.php?form_record_id=312247

		◎ No
13.	Patient's first incarceration in jail.	Yes (1 point) No
BEI	HAVIOR/ APPEARANCE	
14.	Patient shows sign of depression (e.g. crying, emotional flatness).	Yes (1 point) No
15.	Patient appears overly anxious, panicked, afraid, or angry.	Yes (1 point) No
16.	Patient is acting and or talking in a strange manner.	Yes (1 point) No
17.	Patient is appears to be under the influence of alcohol or drugs.	
	If YES is Patient incoherent or showing signs of withdrawal or mental illness?	Yes (8 points) No

F (4	3. Receiving Screening Updated Apr 2013) CHARLES REITAG 2018003096	JMS ID: DOB: Age: Agency:	125635 08/31/1960 59 county	Location Ethnicit Intervier	y:	[OUT] RN Sariego, RN, Jennit	fer (06/04/2018 1527)
	Previous Commitment? If	so, where?		() ()	Yes No		n/a
	If patient has had previous what MHSR alert status is		rt Section of rec	cord 🗸	MHSR - I MHSR - I MHSR - I MHSR - I Unidentif	3 C D	
Med	ical Attention						
1.	Do you require IMMEDIAT following?	TE medical attention t	for any of the		Bleeding Pain Injuries Illness None		
2.	Is the Patient: Alert and O	riented to Time, Place	e and Person?	©	Yes No		
3.	Patient's Appearance:				Sweating Tremors Anxious Disheveld Disorderl Inapprop Altered L Other	ed y	Appropriate. Patient keeps indicating "I am sorry for what I have done."
Eme	ergency Contact Informati	on					
	Emergency Contact Name				arles Freita	ag	
	Emergency Contact Addre			Ph	ila., PA		
	Emergency Contact Relationship Emergency Contact Phone Number		Sc	n			
			ca	nnot recall	phone number		
Heal	Ith Insurance Information						
	Name of Health Insurance	Company		W	th the US F	Postal Service	
	Insurance Policy Number	CONTRACTOR CONTRACTOR		n/a			
	Insurance Group Number			n/a			
	Are referrals needed for ca	are?		0	Yes		

Primary Care Physician

Physician Specialty

1/20/2020

Aria Health in Bucks County-several doctors in practice

	Physician Address	Humeville Rd		
	Physician Phone Number	UN	JNK	
	Last Date Visited Physician			
Drug	Use			
2a.		(2)	No	
		0	Casually (less than once a month)	
	Do you drink Alcohol?	0	Moderately (about once a week)	
		0	Heavily (three or more times per week)	
		0	Alcoholic (seven days a week)	
2b.		۹	Never	
		0	More than a month ago	
			More than a week ago	
	When was the last time you drank Alcohol?	(C)	Before Yesterday	
		****	Yesterday	
			·	
		0	Today	
	What kind of alcohol?	n/a		
	How much do you drink?	n/a		
2c.		(3)	No	
		0	Casually (less than once a month)	
	Do you use Heroin / Methadone?	0	Moderately (about once a week)	
		0	Heavily (three or more times per week)	
		0	Addict (seven days a week)	
2d.		0	Never	
		0	More than a month ago	
			More than a week ago	
	When was the last time you used Heroin / Methadone?	I~	Before Yesterday	
		-		
			Yesterday	
		O	Today	
	Quantity used?	n/a		
2e.		(No	
		0	Casually (less than once a month)	
	Do you use Benzo (depressants)? - Klonopine, Ativan, Xanax, etc.	0	Moderately (about once a week)	
		0	Heavily (three or more times per	
		0	week) Addict (seven days a week)	
2f.			Never	
-/*		Section 1		
		-	More than a month ago	
	When was the last time you used Benzo? - Klonopine, Ativan,	0	More than a week ago	
	Xanax, etc.	0	Before Yesterday	
		0	Yesterday	
		0	Today	
2g.	Do you use any Opiates / Narcotics? - Morphine, Percocet,	6	No	
~y.	Vicodine, Oxy Contin, etc.	-		
	gramma, an 🗸 visitat graf man	0	Casually (less than once a month)	
		0	Moderately (about once a week)	
		(h)		

		Heavily (three or more times per week)
		Addict (seven days a week)
2h.		Never
		More than a month ago
		More than a week ago
	When was the last time you used Opiates / Narcotics? - Morphine, Percocet, Vicodine, Oxy Contin, etc.	⊕ Before Yesterday
	r croccet, vicodine, Oxy Contin, etc.	1
		Yesterday
		○ Today
2i.	Do you use or consume any other legal or illegal substances	○ Yes
	unprescribed by a licensed provider? - Cocaine, LSD, Methamphetamines, Bath Salts, Synthetic Marijuana, etc.	No
Spec	ial Considerations	1
3.		O Yes
	Is the Patient's mobility restricted in any way or does the inmate have any obvious deformities or handicaps? If yes, specify.	(i) No
	That's arry obvious deformation of Hariaraaps. If yes, spearly.	NOTE: THE PROPERTY OF THE PROP
4		Medical
	A	Psychotropic
1	Are you currently taking any medication?	Both
		None
4a.	Current Medications: Please list Medication, Dose, Frequency, Last	: Lexapro 20mg QD
	Taken	Lisinopril 10mg QD
4b.		◯ Yes
	Is medication on person?	No
4c.	Doctor Name and Number	Aria Health Bucks
	Pharmacy Name and Number (If Known)	CVS Grant and Academy 215-464-2636
5.		O No
		(i) Low fat/ Low Salt/ Low
		cholesterol High Fiber
		1800 Calorie Diabetic (Insulin
		Depent; 3 meals plus 1 night
		snack plan)
		D
	Are you on a special diet prescribed by a physician?	2500 Calorie Diabetic (Insulin
	Are you on a special diet prescribed by a physician?	Dependent; 3 meals plus 1 night
	Are you on a special diet prescribed by a physician?	Dependent; 3 meals plus 1 night snack plan)
	Are you on a special diet prescribed by a physician?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment
	Are you on a special diet prescribed by a physician?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical
	Are you on a special diet prescribed by a physician?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment
6.	Are you on a special diet prescribed by a physician? What Grade Level did you last complete?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions,
7.	What Grade Level did you last complete?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify)
7.		Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify)
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No
7.	What Grade Level did you last complete?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Diabetes Gerryson Multiple suicide
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures depression multiple suicide attempts
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures Asthma
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures Asthma Ulcers
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures Asthma
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures Asthma Ulcers
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures Asthma Ulcers High Blood Pressure
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures Asthma Ulcers High Blood Pressure Heart Condition
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures Asthma Ulcers High Blood Pressure Heart Condition Other Physical Condition HIV
7.	What Grade Level did you last complete? Did you require Special Assistance in school? If so, what type?	Dependent; 3 meals plus 1 night snack plan) Pregnancy/Added Nourishment Dental Mechanical Food Intolerance to Onions, tomatoes, etc. (please specify) 12th Yes No Diabetes Seizures Asthma Ulcers High Blood Pressure Heart Condition Other Physical Condition

Ì			ТВ	Ì
1			Hepatitis (Please Specify)	
		m	Hemophilia	
		F	Sickle Cell Anemia	
			Elderly (Age 55 or above)	
			Juvenile	ľ
			None	
	Are you currently under the care of any specialists for any of the	1 -	Yes (please specify)	Aria Health Bucks
	above chronic care conditions?	0	No	Alia Health Bucks
	If yes to Asthma, what is peak flow reading?	n/a		
		0	Poor	
	Peak flow effort?	0	Fair	
		0	Good	
_	SPO2: (prior to peak flow reading)			<u> </u>
		n/a		
0-	If less than 90% – Provider must be contacted		None	
9a.			None	
	Do you have Dentures?		Upper	
			Lower	
9b.			Poor	
	Gum Condition:	V	Fair	
			Good	
9c.			Poor	
50.				
	Upper Teeth:	N.	Fair	
			Good	
9d.			Poor	
	Lower Teeth:	∇	Fair	
			Good	
9e.	Last visit to Dentist:			12/31/1969
9f.		0	Emergent	
	Dental treatment	0	Non-Emergent	
		(None Required	
10a.		Cheer's.	No	
'00.				
	Do you wear glasses or contact lens?		Glasses	
	-		Contacts	
			Both	
	If yes, for how many years?	n/a		
10c.		1 -	Yes	
	If yes, are they with patient?	1 ~	No, but can be delivered	
		9	No, and cannot be delivered	
11.	Do you have any allergies?		Penicillin or other antibiotic	NKMA
			lodine	
			Sulfa drugs	
			Anticonvulsants	
			Animal insulin preparations	
			Novocain or other local	
		Ш	anesthetics	
			Other (please specify)	
Į,		(FA)		

		M	None	
12.	How many packs per day do you smoke? (put zero for non-smoker)		Yes	,
	Was Smoking and Health Sheet Given?	∇	No	
13.	3	¥	Scars	i.
			MRSA	
			Body vermin	
	Do you have any skin problems or open sores?		Problematic tattoos	multiple scars of RFA from prior suicide
	be year nave any skin problems or open series.		Bruises	attempts
			Other (please specify)	
			None	
14.			Heart Disease	
17.			Cancer	Donalis and actions
	Do you have any of the following hereditary conditions in your		Diabetes	Brother: died of Lung CA 2015
	family?		High Blood Presure	Brother: died of heart
			None	attack
D	Barbara Barbara		None	
	hiatric Problems Does Patient behavior, history or physical appearance suggest the	0	Yes	
**	risk of suicide, assault, or psychiatric condition? (If yes please		No	
2.	describe)	<u></u>	Denies prior suicide attempts	<u></u>
۷.	Have you ever tried to commit suicide in the past? When? Method?		,	
	vitien? Metriod?		More than two years ago	
	(NOTE: If patient had a previous suicide attempt within the last 30	(F)	Within the last two years	
	days patient must be placed on suicide watch status)	0	Within the last month	
3.	Presently do you feel suicidal?	0	Yes	
	(NOTE: If patient had a previous suicide attempt within the last 30 days patient must be placed on suicide watch status)	0	No	
4.	Have you had any psychiatric hospitalizations? (include name of	0	Yes, five or more years ago	7
	hospital, address, and date of admission)	0	Yes, more than two years ago	
	(If hospitalized within the past two years, complete a release of	۹	Yes, within the past two years	
	information (ROI) and send for records)	0	No	
5.		9	Yes, Currently under care	
	Have you ever been treated by a psychiatrist? If yes, provide	0	Yes, within the last two years	
	psychiatrist name, address, and date last seen?	0	Yes, more than two years ago	
	(If yes, complete a ROI and send for records)	0	Yes, five or more years ago	
		0	No	
6.		0	Bad	
	How do you feel you will deal with being incarcerated?	0	Fair	
		0	Good	
7.		0	Yes	
	Do you feel you need to see Mental Health Provider?	0	No	
8.	Is the patients' mood and affect appropriate?	0	Yes	
	If no describe mood and affect	0	No	
	Have you ever had a head injury? If yes, when?	0	Denies	
		0	More than a month ago	
		0	More than a week ago	
		0	Before Yesterday	
	*	0	Yesterday	
		0	Today	

SPE	SPECIAL NEEDS / PREA							
	Have you every been charged with a violent crime?	Yes Aggravated Assa Current charge	Aggravated Assault Current charge					
	Have you ever been charged with a sexual crime?	(i) Yes	<u> </u>					
		© No						
	If yes; What Crime and When?	Institution						
	If yes; Did the incident occur in an institution setting or in the	Community						
	community?	N/A						
	Have you ever been a victim of a violent crime?	O Yes O No						
-1	Have you ever been a victim of a sexual crime?	O Yes	1					
	If yes; what type of crime?	No						
	, you	Institution						
	If yes; Did the incident occur in an institution setting or in the	Community						
	community?	☑ N/A						
10.		Yes						
	Has a referral to Mental Health been initiated if applicable?	No No						
-		© Yes						
	Did the incident occur within the last 2 years?	No						
	If the sexual assault occurred within 96 hours (within 4 days prior to incarceration) was the patient seen in the local ER?	O Yes						
1		O No						
	If No; patient should be referred to local ER for collection of forensic evidence.	◎ N/A						
	Was a Release of Information complete and routed to facility	O Yes						
	administrative staff?	No n/a	n/a					
	This must be completed and routed prior to patient leaving intake interview	○ Refused						
		☐ Gay						
		Lesbian						
		Bi-Sexual	,					
	Do you consider yourself any of the following:	Transgender hetero	hetero					
		Intersex	25					
		Gender Non-Specific						
		☑ N/A						
INFE	CTIOUS DISEASE QUESTIONS:							
1a.		Syphilis						
		Gonorrhea						
		Chlamydia						
		HIV						
	Have you ever contracted or been exposed to anyone that suffers from any of the following STDs? If so, please specify the month and	Hepatitis A						
	year.	Hepatitis B						
		Hepatitis C						
		Other STD (please specify)						
		✓ None						
1b.	Have you recently experienced any of the following?	Fever						
		Night sweats						
		Chills						
		Chest Pains						

ĺ		Weight Loss	1				
		Loss of appetite					
		Cough					
		Genital Sores					
		Discharge					
		Sputum of blood					
		None					
2.	Have you been exposed to syphilis, gonorrhea, chlamydia, HIV or	Yes					
	any other STD?	◎ No					
2a.		○ Yes					
	Have you ever had hepatitis? If yes when? Type:	No					
2b.		○ No					
	If yes, did you receive treatment?	Yes, and received treatment	n/a				
2b.		(i) Yes	<u></u>				
ZD.	Have you ever had a sexually transmitted disease?						
		◎ No					
За.		No					
	Have you ever had TB? If yes, did you receive treatment?	Yes, and received treatment					
		Yes, but received no treatment					
3b.	Mary year harm in the United States 2 If no places indicate Country	Yes					
	Were you born in the United States? If no, please indicate Country of Origin	No No					
4.		Never tested					
7.	Have you ever been tested for HIV (AIDS)?						
	If yes, results? When and where?	Tested positive					
		Tested negative					
4a.	Do you want HIV/testing? (There is no charge for testing)	Yes					
	Do you want HIV testing? (There is no charge for testing)	No					
5.		O Yes					
	Have you ever received a blood transfusion? When? Where?	No					
6.		Yes, and I did share needles					
		Yes, and I DID NOT share					
	Have you ever used IV drugs? Did you share needles?	needles					
		No					
7.		(Yes					
	Have you ever engaged in sexual activity with a person of the same sex?	No					
8.		○ No					
0.		- 110					
	Have you ever been sexually active? Was it consensual?	Yes, NOT consensual					
		Yes, consensual					
8a.	Have you ever had a sexually transmitted disease? If so, what &	Yes					
	when?	No					
9.	Do you have any open wounds, spider bites, boils, or reddened	O Yes					
	areas? If so, where?	O No					
9a.		(Yes					
00.	Do you have any genital sores or discharge?	No					
40	Down how white AMDCA NDS						
10.	Do you have any history of MRSA, VRE and/or other resistant bacterial infections?	Yes					
	If Yes, where/what?	◎ No					
***	*** If Inmate answers YES to questions 9 or 10 - On-Call NP/PA or MD/DO must be called ***						

Immunizations				
			Tetanus	
			Pneumovax	
	Immunizations		Hepatitis B	childhood vaccines up to date
		V	Flu Vac	flu shot fall 2017
		V	Rubella	
Revi	ew of System			
1a.			Headache	
			Seizures	
			Blackouts	
		П	DTs	
			Skin	1
			Vertigo	
			Vision	
1			Speech	
			Chewing Problem	
		F	Swallowing	
		H		
		1	Muscle	
	Indicate Darklandia the anter continue		Ulcers	depression
	Indicate Problem in the notes section:	-	Gall Bladder	multiple suicide attempts
			Hepatitis and Type	·
			Hemorhoids	
			Thyroid	
		<u></u>	Allergies Hay Fever	
			Asthma	
		=		
			**	
		_	Pneumonia	
		_	Heart Disease	
		100	Hypertension	
		_	Edema and Swelling	
			Bleeding	
1b.	Indicate Problem in the notes section:		Bruising	denies
			Arthritis	
			•	
			Gonorrhea	
			Chlamydia	
			Syphilis	
			Herpes	
			Crabs/Lice	

Ī			HIV/AIDS	
			Hernia	
2.			Prostate	
	Male Only:	9	N/A	never checked denies GU issues
\vdash	Female Only - Last Pap	12.1		
3.	i emale only - Last Fap		Breast	
		H	Vaginal Discharge	
			Menarche Age	
			LMP/Duration	
			Cycle/Flow	
			Prenancies	
	Female Only		Miscarriages/Abortions	
			• , ,	
			ŭ	
		Щ	Contraceptive Use/Type	
			UTI/Pelvic Infections	
			Currently Pregnant?	
			Pregnancy Test?	
		V	N/A	
			Single Cell	
			Isolation	
			PC	
	Disposition		General Pop	
		V	Suicide	
		Ē	Detox	
			Other	
_		[m]		
			Doctor	
			NP/PA	
	Referrals to:		Dentist	
			Mental Health	
		$ \mathbf{V} $	Psychiatrist	
Gen	eral	- Amb		
1,	Was Patient given a full explanation of medical services available at	0	Yes	
	facility?	0	No	
2.	Was Patient given a printed description of medical services available at facility?	0	Yes	
		0	No	
3.		0	Yes	
	Was Patient given a full explanation of the facility grievance mechanism?		No	
4.		0	Yes	
7.	Was the Patient given MRSA Prevention Guidance?		No	
_				
5,	Was smoking education sheet given?		Yes	
			No	
6.			Yes	
	Was the release of information sheet signed?	0	No	
7.			Yes	
	Was the consent to treat sheet signed?		No	
-		0		
*		1.00		ž.

	Interviewer's Signature:	Jennifer Sariego, RN	06/04/2018 1526	
	If required, Were alerts placed in CorEMR and OMS?	W. J. 110	Level 2 Low bunk/low tier	
8.	Was Personal Hygiene/Dental Hygiene sheet given?	Yes No		

≞5. Physical Form - 14 Day	JMS ID: DOB: Age: Height: Weight: Approval:	125635 08/31/1960 59 6ft 0in 172 ∜Approved	- 06/06/2018 1108	Location: Interviewer:	[OUT] Hughes, PA, Mega	n (06/05/2018 0914)
CHARLES JOSEPH FREITAG #2018003096						
			Blood Pressure Pulse Respirations		sys dia	
Vitals:			Temperature Weight Height	6ft 0in V	°F	See FS.
If not Diabetic was Accu-	-Check Complete	d at Intake	SPO2	BMI:	%	
If No, Complete and Rec (If result greater than 12: Glucose next day)	ord Accu-Check:		○ No			
Medical intake reviewed	?		YesNo			
Social History:		,	Smoker Num ETOH Drug Abuse (Le	ber of Packs/Day egal / Illegal)	1	Social = Nonsmoker, Social etoh, No drugs,
Family History:			Cardiac HTN CVA D.M. Cancer V No data for fai	nily history		
Past Medical History: (Metc.)	edical, Hospitaliza	ations, Surgical,	See master pr			57y/o CM dx'ed c HTN 3yrs ago. Rx Lisinopril 10mg daily from PCP at Aria Health. Denies HLD, DM, CAD, CVA, HIV, HCV, Sz, Asthma.
		ļ				Psych (Depression, Anxiety) = Rx Lexapro.

		PSHx = NONE.			
Objective (Physical Exam)		•			
Abnormal findings, note to the right	✓ No Acute Distress				
	▼ Good color				
Appearance:	∏ Alert and Oriented				
, appearance.	Fluent and Appropriate Speech				
	No Mental Health Concerns				
	▼ Normocephalic / Atraumatic				
	PERRL / EOMI				
	External Auditory Canals / TM's unremarkable				
HEENT:	▼ Throat clear				
	✓ No nasal discharge				
	Mucous membranes moist				
	Good	1			
Gum condition:					
	Poor				
	Good				
Upper Teeth:	₩ Fair				
	Poor				
	Good				
Lower Teeth:	✓ Fair				
Lower reetin.	Poor				
	✓ No Lymphadenopathy				
Neck:	No Thyromegaly/Masses				
Lungs:	☑ Clear ☑ Normal excursion				
If history of Asthony / CORD Dayly Flavy Bassilla	M Normal excursion				
If history of Asthma / COPD Peak Flow Result:	Rate and rhythm regular				
Heart:	No murmur, Gallops, or Rubs				
	₩ Nontender				
Abdomen:	Nondistended	obese			
	Normoactive bowel sounds				
Genitalia:	No complaints / Issues				
	Normal				
	No clubbing, Cyanosis or Edema				
Extremities:	Normal Cap Refill				
	Normal color and warmth				
	Full range of motion				
Neuro:	Gait unremarkable				
	CN II - XII Grossly intact				
Skin:	No open lesions	scar seen R			
	No rashes	ACF			
Assessment / Plan					
	O Yes				
	○ No				
	Refer to Medical Provider				

If Yes to Abnormal Findings (urgent issues notify on-site or	Refer to Mental Health	
on-call provider)	Refer to Dental	
	☑ Education Provided for Recommended Follow-Up	

₿6. JMS ID: [OUT] 125635 Location: Ethnicity: Interviewer: DOB: 08/31/1960 Medication Age: Agency: 59 RN Sariego, RN, Jennifer (06/04/2018 1529) county Verification Form -Medical **CHARLES JOSEPH FREITAG** #2018003096

Pharmacy Name:	CVS Grant and Academy			
Pharmacy Telephone Number	215 464 3636			
Medication #1				
Medication:	Lisinopril			
Dosage:	10mg			
Frequency:	QD			
Last Filled:	05/29/2018			
Quantity:	30			
Medication #2				
Medication:				
Dosage:				
Frequency:				
Last Filled:				
Quantity				
Medication #3				
Medication:				
Dosage:				
Frequency:				
Last Filled:				
Quantity:				
Medication #4				
Medication:				
Dosage:				
Frequency:				
Last Filled				
Quantity:				
Medication #5				
Medication:				
Dosage:				
Frequency:				
Last Filled:				
Quantity:				
Medication #6				
Medication:				
Dosage:				
Frequency:				
Last Filled:				
Quantity:				
Medication #7				
Medication:				
Dosage:				
Frequency:				
Last Filled:				

https://bucks.pcmemr.com/Modules/Forms/form_record.php?form_record_id=312253

Quantity:				
Medication #8				
Medication:				
Dosage:				
Frequency:				
Last Filled:				
Quantity:				
Medication #9				
Medication:				
Dosage:				
Frequency:				
Last Filled:				
Quantity:				
Medication #10				
Medication:				
Dosage:				
Frequency:				
Last Filled:				
Quantity:				

₿6b. JMS ID: DOB: 125635 Location: [OUT] 08/31/1960 Ethnicity: **Medication** Age: Agency: 59 Interviewer: RN Sariego, RN, Jennifer (06/04/2018 1529) county Verification Form -**Mental** Health **CHARLES JOSEPH FREITAG** #2018003096

	Yes
Is the Patient on Mental Health Meds?	◎ No
Pharmacy Name:	CVS Grant and Academy
Pharmacy Telephone Number	215 464 2636
Medication #1	
	Lexapro
Medication:	LETTI OR LANGUAGE
D	* Fills 90 day supply
Dosage:	20mg
Frequency:	QD loors roug
Last Filled:	06/05/2018
Quantity:	90
Medication #2	- -
Medication:	
Dosage:	
Frequency:	
Last Filled:	
Quantity	
Medication #3	
Medication:	
Dosage:	
Frequency:	
Last Filled:	
Quantity:	
Medication #4	
Medication:	
Dosage:	
Frequency:	· · · · · · · · · · · · · · · · · · ·
Last Filled	
Quantity:	
Medication #5	
Medication:	
Dosage:	
Frequency:	
Last Filled:	
Quantity:	
Medication #6	
Medication:	
Dosage:	
Frequency:	7
Last Filled:	

https://bucks.pcmemr.com/Modules/Forms/form_record.php?form_record_id=312254

1/20/2020

Quantity:		
Medication #7		
Medication:		
Dosage:		
Frequency:		
Last Filled:		
Quantity:		
Medication #8	<u> </u>	
Medication:		
Dosage:		
Frequency:		
Last Filled:		
Quantity:		
Medication #9		
Medication:		
Dosage:		
Frequency:		
Last Filled:		
Quantity:		
Medication #10		
Medication:		
Dosage:		
Frequency:		<u> </u>
Last Filled:		
Quantity:		

∆7a. Mental Health Screen for Men

JMS ID: DOB: Age: Agency:

125635 Location: 08/31/1960 Ethnicity: 59 Interviewer: county [OUT]

RN Sariego, RN, Jennifer (06/04/2018 1519)

CHARLES JOSEPH FREITAG #2018003096

Q	uestions below are scored as one (1) point if answered "Ye	s."		
1.	Have you ever had any worries that you just can't get rid of?	() ()	Yes No	
2.	Some people find their mood changes frequently, as if they spend everyday on an emotional roller coaster. Does this sound like you?	1420	Yes No	patient has a hx of depression
3.	Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?	୍ଦ (୭	Yes No	
4.	Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people from your surroundings?		Yes No	patient has a hx of depression
5.	Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?	() (*)	Yes No	
6.	Do you often get into trouble at work or with friends because you act excited at first, but then lost interest in project or do not follow through?	-	Yes No	
7.	Do you tend to hold grudges or give people the silent treatment for days at a time?	(i)	Yes No	
8.	Have you ever tried to avoid reminders, or to not think about something terrible that you experienced or witnessed?	100	Yes No	
9.	Has there ever been a time when you felt depressed for most of the day for at least two weeks?	<!--</td--><td>Yes No</td><td>patient has a hx of depression</td>	Yes No	patient has a hx of depression
10.	Have you ever been troubled by repeated thoughts, feelings or nightmares about something you experienced or witnessed?	() (e)	Yes No	
11,	Have you ever been in a hospital for non-medical reasons, such as in a psychiatric hospital? (Do NOT include going to an emergency room if you were not hospitalized.)	1	Yes No	Prior MH Hospitalizations: Friends 8/2017 and Summit Oaks for 2 weeks 9/2017
12.	Have you ever felt constantly on guard or watchful, even when you did not need to, or felt jump and easily startled?	() (e)	Yes No	
	TOTAL number "Yes" answers:		0-2 points	
			3-5 points 6-8 points	four
			9-12 points	

https://bucks.pcmemr.com/Modules/Forms/form_record.php?form_record_id=312248

1/20/2020

Refer for further mental health evaluation if the detainee answered "Yes" to six (6) or more items OR if you are concerned for any other reason. Please include comments below.

Comments: MH Tasked

https://bucks.pcmemr.com/Modules/Forms/form_record.php?form_record_id=312248

1/20/2020

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717

Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Alerts

Alerts

Name	Expires	Date Added	Added By
Low Bunk	Never	06/04/2018 14:51	RN Sariego, RN, Jennifer
Low Tier	Never	06/04/2018 14:51	RN Sariego, RN, Jennifer
MHSR-C	Never	06/05/2018 09:36	Mahoney, Psy.D., Jessica

Alert History

Name	Date Added	Added By	Expire Date	Date Removed	Removed By
Psych Observation q 30min - Level 3	07/31/2018 15:15	James, LPC, Avia	N/A	08/17/2018 11:44	Penge, LPC, Christina
Psych Observation q 30min - Level 3	06/06/2018 08:21	James, LPC, Avia	N/A	06/08/2018 14:26	James, LPC, Avia
Suicide Watch (Risk) - Level 2	06/04/2018 15:06	Sariego, RN, Jennifer	N/A	06/06/2018 08:20	James, LPC, Avia

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Flow Sheets Blood Sugars

Blood Sugars

No flow records to display.

△CCC - Cardiac (2018)

JMS ID: DOB: Age: Agency:

125635 08/31/1960 59 county

Location:

Ethnicity:

Interviewer:

[TUO]

Longacre, PA, Molly (07/05/2018 1055)

CHARLES JOSEPH FREITAG #2018003096

3	subjective:	_					
L	Onset:		with HTN 3 years ago,		/A		
			Family History of Ca	rdiac Disease			
l			Diabetes				
			Renal Disease				
l			Smoker				
l			Obesity				
l	Risk Factors:	V	Drug/Alcohol Abus	e			тнс
l			CVA/TIA				
			Hyperlipidemia				
			Menopausal Without	HRT			
			Other				
			None				
r			Headache				
l			Shortness of Breath				
l			Chest Pains				
	Complaints:		Visual Changes				
	,		Swelling				
ı			Other				
l		V	None				
İ	Other factors contributing to HTN, (ie. Diet/Salt):						
Ī	Last Eye Exam/History of Abnormal Eye Exam Findings:	las	t eye exam, 2009, cata	aract surgery			
H	riidings.	ES	CITALOPRAM OXALA	ATE 20MG TAI	B QD: Directions: 1 Ta	AB [PO] E	By Mouth
ı		QD);				-
ı	Сиптent Medications:		SPIRONE HCL 10MG INOPRIL 10MG TAB				BID ;
l			PIR-LOW 81MG EC T				١;
r		-	Medication				
ı	Compliant with: (If not, document actions)		Diet				
l			N/A				
	Side Effects of Medication:	der	nies				
(Objective:						
	Vital Signs:	Blo	ood Pressure	120	sys 80 dia		
		Pul	lse	70	beats per min		
l		Re	spirations	14]		
					breaths per min		
			nperature	98.0	Ĵ°F -		
		We	ight	216	bs		
		Hei	ight	6ft 0in 🗸			
				29.3			
П		SP	02				

https://bucks.pcmemr.com/Modules/Forms/form_record.php?action=view&form_record_i... 1/20/2020

l	1		%	
ŀ			No Acute Distress	
l			Alert and Oriented	
١	Appearance:		Fluent and Appropriate Speech	
l			Good Color	
ŀ			PERRL/EOMI	
١	HEENT:		Mucous Membranes Moist	
Ļ		No.		
l		-	No JVD	
l	Neck:		No Carotid Bruits	
١			No Lymphadenopathy	
L			No Thyromegaly/Masses	
	Lunge		Clear	
,	Lungs:	V	Normal Excursion	
ľ		V	Rate and Rhythm Regular	
	Heart:	V	No Murmur, Rubs, or Gallops	
ŀ		V	Soft	
		V	Nontender	
	Abdomen:	V	Nondistended	
		V	Normoactive Bowel Sounds	
		V	No Abdominal Bruit	
ŀ	-	[7]	No Edema	
		_	Peripheril Pulses Present and Equal	
	Extremities:		Full Range of Motion	
		_	Normal Color and Warmth	
ŀ			Gait Unremarkable	
	Neuro:		CN II-XII Grossly Intact	
			Normal CBC	
			Normal CMP	
		_	Normal Lipid Panel	normal
	Labs:		Normal Urinalysis	TSH
			Normal Uric Acid if on Thiazide	
			Ordered	
			N/A	
		0	Stable	
	Baseline EKG Results:	0	Ordered	
		0	N/A	
1	Assessment:	াক	D. 11711 (400 400/00 00)	·
			Pre-HTN (120-139/80-89)	
	Primary Hypertension		Stage I (140-159/90-99)	
	7 77		Stage 2 >160/>100	
	<u></u>		Controlled	
	Any Sequelae of HTN?		Kidney Disease	
		************	Retinopathy	
			CVA/TIA	
			Dyslipidemia	
			Other	

 $https://bucks.pcmemr.com/Modules/Forms/form_record.php?action=view\&form_record_i... \quad 1/20/2020$

	[W]	None	
	(1)	Improving	
Status	0	Stable	
Status	- NEDA	Deteriorating	
	(0)		
	0	Good	
Condition	0	Fair	
	(0)	Poor	
Plan:	-2005-		
	194400	Yes	
Any change in medications:	1000	No	
	0	N/A	
	0	Yes	
Aspirin Therapy Indicated? Males >50 y/o, Females	0	No, if No Explain	
>60 y/o	0	N/A	
+	. 93	Diet	
Dick reduction Education and Counceling discussed		Smoking Cessation	thc
Risk reduction Education and Counceling discussed on:		Weight Reduction	cessation
		Exercise	
		Hand-out Given	
	0	Yes	
Discussed all abnormal findings with patient?	0	No	
3	(1)	N/A	
		Control Blood Pressure	
		Control Lipids	
		Control Cardiac Symptoms	
	_		
Management goals for this patient:		Limit Risk Factors	
		Control Sequelae	
		Medication Compliance	
		Other	
	0	30 Days	
Labs: Cardiac Panel(CBC, CMP, Lipid Panel, UA)	0	90 Days	
	0	N/A	
	0	Today	
		30 Days	
EKG:		90 Days	
	7800	N/A	
<u> </u>	_		
		Daily	
Blood Pressure Checks: (Daily is for 2 weeks, Weekly and Monthly for 3 months. This Will Also Schedule a	0	Weekly	
3rd Shift NP/PN Review)	_	Monthly	
	0	N/A	
		Influenza Vaccine	
Health Maintenance:(This Will Task to submit non-		Pneumococcal Vaccine	when
form) *************MAKE SURE IMMUNIZATION		Restrictions Necessary	dinciated
RECORDS ARE RECEIVED PRIOR TO ORDERING		N/A	
Follow-Up Appt:	(A)	30 Days	f/u as
голом-ор Арри.		·	scheduled
		90 Days	

 $https://bucks.pcmemr.com/Modules/Forms/form_record.php?action=view\&form_record_i... \quad 1/20/2020$

	۳	PRN	
©	(Yes	
Physician Signoff	0	N/A	

https://bucks.pcmemr.com/Modules/Forms/form_record.php?action=view&form_record_i... 1/20/2020

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Chart Notes

Chart Notes

Type: Misc. Note	Date: 08/27/2018 14:17 Author: Zernhelt, RN HSA, Alynn	Related Problems
Access: Medical Staff	Per OMS patient released from system 8/25/18 @ 1435	Suicidal (Full)
Type: Misc. Note	Date: 08/25/2018 12:03 Author: RN, ADON Grous, Samantha	Related Problems
Access: Medical Staff	Correction to Emergency Flowsheet: EMS arrived at approx 1115.	Suicidal (Full)
	Per Sgt Rupp, EMS pronounced him dead at 1119 while still on the	
	block.	
Type: Misc. Note	Date: 06/07/2018 01:37 Author: RN Trusty, RN, Gabrielle	Related Problems
Access: Medical Staff	intake review completed, pt. deflies any allergies. I t. reports a fix of	
	HTN and depression. Pt. denies all drug and/or ETOH use. Vitals	
	WNL, PPD placed.	
Town Minn Note	D 4 00104/0040 45 54	- 1.1.1
Type: Misc. Note Access: Medical Staff	Date: 06/04/2018 15:54 Author: RN Sariego, RN, Jennifer	Related Problems
Access, Medical Stall	New intake. Patient has had multiple Suicide Attempts. Most recent	
	9/2017. Patient was inpatient at Friends Hospital 8/2017 and then at Summit Oaks 9/2017 for 2 weeks. Patient has multiple scars on RFA	
	from recent suicide attempts. Patient placed on level 2. Patient denies	
	current active suicidal thoughts but scored a 12 on suicide screen.	
	Patient kept indicating he was "sorry for what I did" during intake	
	process. Medications verified.	

PRIME CARE MEDICAL, INC.

CONSENT TO TEST FOR HIV ANTIBODY

1.	for the presence of the antibody to the HIV/HTLV Syndrome (AIDS). I have also been advised that blood for laboratory testing.	am asking PrimeCare N V-III virus which causes Acquire this test requires the withdrawa	ed Immune Deficiency
2.	I understand that the test results will be placed in direct care will have access to this information.	n my medical record and that p	ersons involved in my
3.	I have been informed that the HIV test results are Medical Staff that the test results cannot be individuals and organizations that are allowed to to the	eleased without my written	permission, except to
4 .	Any questions I have regarding the nature of the consequences of placing the test results in my medians.		
5.	I acknowledge that I have read this consent form concerning the blood test for AIDS and my quest understand the limitations of this testing procedur Accordingly, I do agree freely and voluntarily to be	tions, if any have been answere re and the legal and emotional i	d to my satisfaction. I
į	Signature of Internate/Patient	Inmate/Patient Number	Q/4/2018 Date
	Signature of Pre-Test Counselor	Date	Place Specimen Sticker Here
	Signature of Post-Test Counselor	Date	4
(Signature of Person Collecting Specimen	<u>4/4/2018</u> Date	-
	Interpreter Signature if Applicable	Date	

PCM Forms Manual © 2008

PRIME CARE MEDICAL, INC.

CONSENT FOR TREATMENT AND RELEASE OF INFORMATION

I (Name) CHARLES FREMA hereby give my consent for Medical / emergency / dental / mental health treatment that may be provided to me by PrimeCare Medica Inc.
--

I also authorize and consent to the drawing of blood samples for diagnostic purposes, as well as blood test that may be required by the Department of Health.

I authorize PrimeCare Medical, Inc. to provide a copy of the medical record of my Treatment, the discharge summary, and/or any and all reports of any tests done during this admission to my primary care physician and/or specialty care physician or other health care providers to facilitate continuity of care. I further authorize the release of such information as needed to protect my safety, that of the institution and public.

I authorize my primary care physician and/or specialty care physician and all other health care providers to provide a copy of any medical record of my treatment, the discharge summary, and/or any reports of any tests to PrimeCare Medical, Inc. to help it in providing care to me.

I understand that with the increased use of electronic communication and technology, relevant electronic patient information may be faxed, electronically stored, sent, viewed, or collected by those involved in my care, and I authorize release of such electronic information for Treatment, payment, other health care operations, and security concerns.

I authorize any insurance, Medicare, Medicaid or health and accident insurance carrier covering my Treatment to have access to and make copies of the records pertaining to my Treatment, and authorize release of such information as may be necessary for the completion of claims to said payers.

I fully understand this consent agreement and also that no guarantee written or oral, has been given to me as to the result of the professional medical treatments and services provided to me.

Patient Signature

Oli 10

ufey ang

4/9/20

2 of 2

Form 9028A

PCM Forms Manual © 2008 Revised 2012

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Flow Sheets Coumadin RX Log

Coumadin Log

No flow records to display.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Flow Sheets Detox

Detox

No flow records to display.

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft Oin Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Documents

Documents

Viewing 1-13 of 13 Documents

Item	Date	Format	Pages	Filesize	Saved By	Notes
Quick Archive document	11/27/2018 1130	PDF Document	N/A	591 KB	Zernhelt, RN HSA, Alynn	Records request; records mailed 11/27/18 to attorney's address
Quick Archive document	08/25/2018 1414	PDF Document	5	634 KB	Zernhelt, RN HSA, Alynn	Nursing Memos
General Patient Chart Lab/X-Rays	07/10/2018 1017	PDF Document	2	654 KB	Sims, LPN, Marie	
General Patient Chart Release of Information	07/03/2018 1339	PDF Document	3	611 KB	Geist, MA, Wendy	Paul Kimble Hospital
General Patient Chart Outside Records	07/03/2018 1337	PDF Document	4	1,010 KB	Geist, MA, Wendy	Records were faxed to Probation Officer
General Patient Chart Lab/X-Rays	06/29/2018 1317	PDF Document	3	947 KB	Girard, AA, Tracy	
ROI	06/14/2018 0931	PDF Document	1	350 KB	Polichetti, AA, Samantha	
General Patient Chart Lab/X-Rays	06/13/2018 1718	PDF Document	2	315 KB	Girard, AA, Tracy	
General Patient Chart EKG	06/13/2018 1701	PDF Document	2	507 KB	Girard, AA, Tracy	
Officers Acute Watch Forms	06/08/2018 1317	PDF Document	9	2 MB	Polichetti, AA, Samantha	
Green Slip	06/06/2018 1208	PDF Document	2	312 KB	Polichetti, AA, Samantha	
Intake Forms document (Booking No. 2018003096)	06/04/2018 1511	PDF Document	8	2 MB	RN Sariego, RN, Jennifer	
Quick Archive document	06/04/2018 1450	PDF Document	N/A	115 KB	RN Sariego, RN, Jennifer	Booking Obs (reviewed)

Edit Patient

Demographics Bookings Ins	urance Emerger	ncy Contac		lden	itification	
JMS ID	125635					
First Name	CHARLES					
Middle Name	JOSEPH					
Last Name	FREITAG					
Sex	● Male ○ Fe	male O L	Jnknown			
Known Aliases, Maiden Names						
SSN	195-48-0717					
Alien ID						
Marital Status	○ Single ○ M	larried O	Divorced C	Se	parated O Widowed	
	_				Information	
Location	[OUT]					
Billing Agency	county					
Billing ID						
Work Status	***************************************					
7			Contac	t Info	ormation	
Phone						
Address			2 : :		··	
Address 2						
City						
State						
Zipcode			1 4 6			
			Emerg	ency	Contact	
Name			·			
Phone						
Relationship						
			Er	nd of	Life	
Deceased	○ No ③ Yes					
Expired on	08/25/2018					
Allorgios		[Medic		arnings	
Allergies Set NKMA Reset Allergies		NKMA				
Smoking Status		9 Unknown If Ever S		moked 🗸		
					mation	
Date of Birth		08/31/1960				
Birth order		0			.,	
State						
Country						
			Physical	Char	acteristics	
Calculated BMI:		23.3				
Weight		172			LBS	
Height		6ft 0in	V			

Body Build		○ Small ○ Medium ○ Large ○ Extra Large				
Skin Tone		○ Light ○ Medium ○ Dark				
Eye Color		~				
Hair Color		~				
Preferred Langua	ge	ENGLISH				
Race		(Select One)		∨		
Ethnicity	-	(Select One) 🗸				
<u></u>		Affiliations/B	ackground			
Citizenship			~			
Religion		~				
Military Branch		~				
Education			>			
		Mother's In	formation			
First Name						
Middle Name						
Last Name			Accesses of the Control of the Contr			
Maiden Name						
r		Oth	er			
Custom 1			Accessed			
Custom 2			-			
Custom 3						
Custom 4						
Custom 5						
Custom 6						
Custom 7						
Custom 8						
Custom 9						
Current	Booking #		Date	Release		
0	2018003096	06/04/2018 1428		08/25/2018 1435		
Туре	Gi	oup Number		Policy Number		
Re	lation	First Name		I ast Name		

PRIMECARE MEDICAL, INC.+

Education Acknowledgment Form

I (NAME), CHARLES received the following educ	sational material at time of medical intake:				
MRSA/Personal Hygiene Dental Hygiene Smoking/Tobacco Mental Health Influenza Fetal Alcohol Syndrome Contraception Family Planning Opiate Withdrawal	Initials				
I fully understand this Patient's Signature Linguage, Patient's Signature	educational acknowledgement form. $\frac{4/4/2018}{Date}$ Date $\frac{4/4/2018}{Date}$				
Check here if patient is not able to read English and this information has been translated to him via an interpreter.					
Signature of Interpreter	Date				

PCM Forms Manual © 2009 Revised 2011, 2013, 2017